		(990	6053	- H				
Application or Docket Number									
5	P01-	27	6						
1	ITITY	OR	OTHER						
	FEE	1	RATE	FEE					
Ε	355.00	OR	BASIC FEE	· 710.00					
		OR	X\$18=	306					
		OR	X80=	80					
		OR	+270=						
		OR	TOTAL	1096					
			OTHER	THAN					
E	NTITY	OR	SMALL	ENTITY	İ				
	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
		OR	X\$18=						
		OR	X80=						
		OR	+270=						
Ī		OR	TOTAL ADDIT. FEE						
I	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
		OR	X\$18≃						
		OR	X80=						
		OR	+270=						
		OR ,	TOTAL ADDIT, FEE						
1	ADDI- TIONAL	ſ	RATE	ADDI- TIONAL					

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN			
TOTAL CLAIMS		37					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			3 7 minus 20=		• /	7		X\$ 9=		OR	X\$18=	306
	EPENDENT C		A minus 3 =					X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1096		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						<u>)</u>	SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 10	Minus	ے ••	27	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	=	[X40=		OR	X80=	
<u> </u>	FINOTPHESE	INTATION OF ME	JETTEL DE	PENDENI	CLANVI		, [+135=		OR	+270=	·
							L.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18≃	
	Independent	NTATION OF MU	Minus		C! AINA	=	1 [X40=		OR	X80=	
	FIRST FRESE	NATION OF 1810	JETIFEE DEI	CHOCKI	CLAIN		」	+135=		OR	+270=	
							A	TOTAL DDIT, FEE		or ,	TOTAL ADDIT, FEE	
		(Column 1)	F			(Column 3)					_	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	П	X\$ 9=		or	X\$18=	
	Independent	•	Minus	***		=	1	X40=		ŀ	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		┚┝	105		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	+135= TOTAL		OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ODIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												